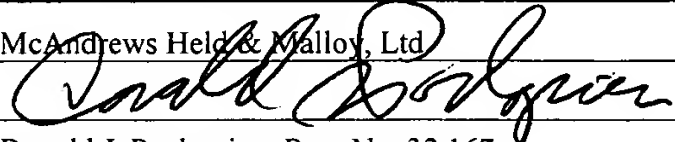
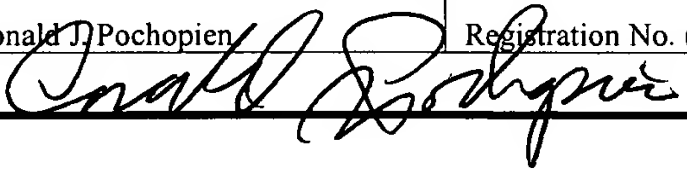
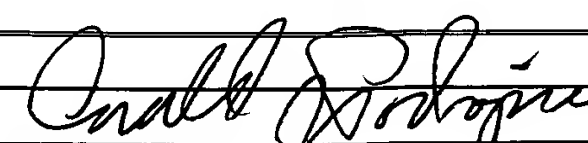
 TRANSMITTAL FORM <small>to be used for all correspondence after initial filing)</small>		Application Number		09/905,683	
		Filing Date		July 13, 2001	
		First Named Inventor		Grooms, James et al.	
		Art Unit		3738	
		Examiner Name		Bruce Edward Snow	
		Attorney Docket Number		TB 104 IA CA/ 1925/13971US04	
Total Number of Pages in This Submission		36			
ENCLOSURES (check all that apply)					
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment and Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input checked="" type="checkbox"/> Request For Continued Examination Under 37 CFR §1.114 <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):	
		Remarks			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
Firm		McAndrews Held & Malloy, Ltd			
Signature					
Printed Name		Donald J. Pochopien, Reg. No. 32,167			
Date		December 19, 2005			
CERTIFICATE OF MAILING					
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 12/19/2005.					
Name (Print/type)		Donald J. Pochopien		Registration No. (Attorney/Agent)	
Signature				Date	
				32,167	
				12/19/2005	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"><div style="text-align: center;">U.S. PATENT AND TRADEMARK OFFICE DEC 21 2005</div></div> <div style="text-align: center; margin-top: 10px;">Effective on 12/08/2004. Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818). FEE TRANSMITTAL for FY 2005</div>			Complete if Known				
		Application Number	09/905,683				
		Filing Date	July 13, 2001				
		First Named Inventor	Grooms, James et al.				
		Examiner Name	Bruce Edward Snow				
		Art Unit	3738				
		Attorney Docket No.	TB 104 IA CA/ 1925/13971US04				
Applicant claims small entity status. See 37 CFR 1.27							
TOTAL AMOUNT OF PAYMENT (\$)		1810.00					
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>13-0017</u> Deposit Account Name: <u>McAndrews Held & Malloy</u>							
For the above-identified deposit account, the Director is hereby authorized to (check all that apply)							
<input checked="" type="checkbox"/> Charge Fee(s) indicated below <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	Filing Fees Fee (\$)	Small Entity Fee (\$)	Search Fees Fee (\$)	Small Entity Fee (\$)	Examination Fees Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES					Small Entity		
Fee Description					Fee (\$)	Fee (\$)	
Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent					50	25	
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent					200	100	
Multiple dependent claims					360	180	
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
_____ -20 or HP		x	_____	=	Fee	Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
_____ -3 or HP		x	_____	=			
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
_____ -100	_____ /50	_____ (round up to a whole number)		x	_____	=	_____
4. OTHER FEE(S)					Fee Paid (\$)		
Non-English Specification, \$130 fee (no small entity discount)					_____		
Other: Request For Three Month Extension Of Time					1020.00		
Request For Continued Examination Under 37 CFR §1.114					790.00		
SUBMITTED BY							
Signature				Registration No. (Attorney/Agent)	32,167	Telephone	(312)775-8000
Name (print/type)		Donald J. Pochopien				Date	Decmeber 19, 2005